

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		7/23/00
O.I.P.E. CLASSIFIER	10	319	
FORMALITY REVIEW	104477		7/23/00
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	101	101	
2	102	102	
3	103	103	
4	104	104	
5	105	105	
6	106	106	
7	107	107	
8	108	108	✓ ✓
9	109	109	✓ /
10	110	110	✓ /
11	111	111	
12	112	112	
13	113	113	
14	114	114	
15	115	115	
16	116	116	
17	117	117	
18	118	118	✓ ✓
19	119	119	✓ ✓
20	120	120	✓ ✓
21	121	121	✓ ✓
22	122	122	✓ ✓
23	123	123	✓ ✓
24	124	124	✓ ✓
25	125	125	✓ ✓
26	126	126	✓ ✓
27	127	127	✓ ✓
28	128	128	✓ ✓
29	129	129	✓ ✓
30	130	130	
31	131	131	
32	132	132	
33	133	133	
34	134	134	
35	135	135	
36	136	136	
37	137	137	
38	138	138	
39	139	139	
40	140	140	
41	141	141	
42	142	142	
43	143	143	
44	144	144	
45	145	145	
46	146	146	
47	147	147	
48	148	148	
49	149	149	
50	150	150	

If more than 150 claims or 10 actions  
staple additional sheet here